

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET

PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED

12

Filer ID

1 NAME	TITLE FIRST MI Veronica I.	OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Legarreta	
2 ADDRESS	ADDRESS / PO BOX / APT / SUITE #, CITY, STATE, ZIP CODE PO Box 460112 San Antonio, TEXAS 78246	Date Hand-delivered or Date Postmarked
		Receipt # Amount \$
3 TELEPHONE NUMBER	AREA CODE PHONE NUMBER EXTENSION [REDACTED] [REDACTED]	Date Processed
		Date Imaged
4 REASON FOR FILING STATEMENT	☒ CANDIDATE Bexar County Criminal District Attorney (INDICATE OFFICE)	
	☐ ELECTED OFFICER (INDICATE OFFICE)	
	☐ APPOINTED OFFICER (INDICATE AGENCY)	
	☐ EXECUTIVE HEAD (INDICATE AGENCY)	
	☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT	
	☐ STATE PARTY CHAIR (INDICATE PARTY)	
	☐ OTHER (INDICATE POSITION)	

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE [REDACTED]

DEPENDENT CHILD 1.

2.

3.

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☐ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☒ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Ownership of Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD City Of San Antonio, Finance Dept. P.O. Box 839966 San Antonio TX 78283-3966
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Magistrate Judge - Part-time
INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Legarreta Law Firm, PLLC 321 S. Flores San Antonio, Texas 78204
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney
INFORMATION RELATES TO	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Bexar County 101 W Nueva, Suite #800 San Antonio, Texas 78205
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Attorney
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☐ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☒ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD 
☐ SELF-EMPLOYED	NATURE OF OCCUPATION Land Management

INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
☐ SELF-EMPLOYED	NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES & OTHER COMMERCIAL PAPER

PART 3

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DESCRIPTION OF INSTRUMENT	Certificate of Deposit
2 HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
DESCRIPTION OF INSTRUMENT	
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS Legarreta Law Firm, PLLC 321 S. Flores, San Antonio, TX 78204
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN \$11,120 ☐ \$11,120 - \$22,239 ☐ \$22,240 - \$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet and **DO NOT include this page in the report.**

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS - INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS Legarreta Law Firm, PLLC 321 S. Flores, San Antonio, Texas 78204		
2 BUSINESS TYPE	☐ Corporation ☐ Firm ☐ Partnership	☐ Limited Partnership ☐ Limited Liability Partnership ☐ Professional Corporation	☐ Professional Association ☐ Joint Venture ☒ Other <u>Professional Limited Liability Company</u>
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	☐ Corporation ☐ Firm ☐ Partnership	☐ Limited Partnership ☐ Limited Liability Partnership ☐ Professional Corporation	☐ Professional Association ☐ Joint Venture ☐ Other _____
HELD, ACQUIRED, OR SOLD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	☐ Corporation ☐ Firm ☐ Partnership	☐ Limited Partnership ☐ Limited Liability Partnership ☐ Professional Corporation	☐ Professional Association ☐ Joint Venture ☐ Other _____
HELD, ACQUIRED, OR SOLD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____
BUSINESS ASSOCIATION	NAME AND ADDRESS		
BUSINESS TYPE	☐ Corporation ☐ Firm ☐ Partnership	☐ Limited Partnership ☐ Limited Liability Partnership ☐ Professional Corporation	☐ Professional Association ☐ Joint Venture ☐ Other _____
HELD, ACQUIRED, OR SOLD BY	☐ FILER	☐ SPOUSE	☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS Legarreta Law Firm, PLLC 321 S. Flores, San Antonio, Texas 78204																																														
2 BUSINESS TYPE	Professional Limited Liability Company																																														
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____																																														
4 ASSETS	<table border="1"><thead><tr><th>DESCRIPTION</th><th colspan="2">CATEGORY</th></tr></thead><tbody><tr><td>Office Furnishings</td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☒ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td>Financial Accounts</td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☐ \$22,240--\$55,609</td><td>☒ \$55,610 OR MORE</td></tr><tr><td>Accounts Receivable</td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☒ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☐ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☐ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☐ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr><tr><td></td><td>☐ LESS THAN \$11,120</td><td>☐ \$11,120--\$22,239</td></tr><tr><td></td><td>☐ \$22,240--\$55,609</td><td>☐ \$55,610 OR MORE</td></tr></tbody></table>		DESCRIPTION	CATEGORY		Office Furnishings	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☒ \$22,240--\$55,609	☐ \$55,610 OR MORE	Financial Accounts	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☐ \$22,240--\$55,609	☒ \$55,610 OR MORE	Accounts Receivable	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☒ \$22,240--\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☐ \$22,240--\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☐ \$22,240--\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☐ \$22,240--\$55,609	☐ \$55,610 OR MORE		☐ LESS THAN \$11,120	☐ \$11,120--\$22,239		☐ \$22,240--\$55,609	☐ \$55,610 OR MORE
DESCRIPTION	CATEGORY																																														
Office Furnishings	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☒ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													
Financial Accounts	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☐ \$22,240--\$55,609	☒ \$55,610 OR MORE																																													
Accounts Receivable	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☒ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													
	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☐ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													
	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☐ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													
	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☐ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													
	☐ LESS THAN \$11,120	☐ \$11,120--\$22,239																																													
	☐ \$22,240--\$55,609	☐ \$55,610 OR MORE																																													

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS Legarreta Law Firm, PLLC 321 S. Flores, San Antonio, Texas 78204	
2 BUSINESS TYPE	Professional Limited Liability Company	
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____	
4 LIABILITIES	DESCRIPTION Credit Card obligation	CATEGORY ☒ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE
		☐ LESS THAN \$11,120 ☐ \$11,120--\$22,239 ☐ \$22,240--\$55,609 ☐ \$55,610 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

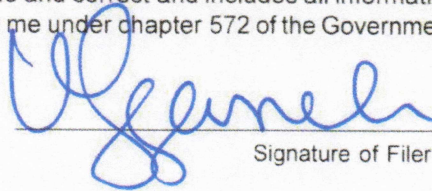
¹ ORGANIZATION	Hispanic Women Network of Texas- San Antonio Chapter
² POSITION HELD	Chair
³ POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Hispanic Lawyer Section of the State Bar of Texas
POSITION HELD	Chair-Elect
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	Rotary Club of San Antonio Pearl
POSITION HELD	Member at Large
POSITION HELD BY	☒ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

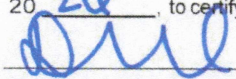
Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Veronica I. Legarreta this the 12th day of February 2026, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Danielle Borroel

Printed name of officer administering oath

Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Registrant (Declarant)